

“Encephalon—Base of the brain enveloped in fluid.* All the tunics of the brain, the arachnoid particularly, tinged red, and their vessels minutely injected.—Stomach—Mucous coat studded with deep red patches.”

Baltimore, Dec. 1829.

ART. III. *Case of Elephantiasis of the Scrotum successfully extirpated.* By W. H. RUAN, M. D. of St. Croix. (Communicated in a letter to JOHN RUAN, M. D. of Philadelphia.)

THE following case will probably be considered interesting, especially from the enormous size of the mass extirpated.

The subject of the operation was a negro lad, about nineteen years of age, named Moses, living on the estate La Grange, the property of the heirs of Count Schimmelmänn. He had been afflicted, from his early boyhood, by repeated attacks of an erysipelatous inflammation of the scrotum, penis, and surrounding skin and cellular substance, which very soon produced an elephantiasis of those parts. This enlargement continued to increase, and to spread further on the inferior part of the abdomen, on both groins, and on the upper, anterior, and interior surfaces of both thighs. The growth of the tumour was said, by those who were in the habit of observing it almost daily, to have been most rapid during the twelve months immediately preceding the operation. At the time when I was requested to examine the case, the tumour presented a most unwieldy mass of a globular form, reaching three or four inches below the knee-joint, of a diameter of eighteen or twenty inches, and possessing distinctly all the external characteristics of elephantiasis. These last have been so well and so frequently described by authors on the diseases of tropical climates, that I need not here enumerate them. The diseased prepuce, enlarged to the size of a goose's egg, and of an irregular cauliflower appearance, was situated nearly in the middle of the anterior surface of the tumour. No other trace of a penis was perceptible. This organ, as well as the testes, were imbedded so deeply in the body of the tumour, that they could not be felt by the hand. The spermatic cords, however, could be distinguished, by grasping the part very firmly high up; and I felt convinced, by an attentive examination, as well

* When the theca vertebralis was opened just behind the great occipital hole, a watery fluid rushed out of the cranium—to the, (apparent,) amount of four or five ounces.—W.

as by the history which was given to me of the case by intelligent individuals, that although the cords themselves were diseased, yet that no hernia protruded at the inguinal rings. The inguinal glands were much enlarged. The patient could pass his urine freely, and ad libitum. His general health, except when under an inflammatory attack of the diseased parts, was good. He had, I need scarcely say, never enjoyed the sexual intercourse; not even the sexual appetite; and had for some time previously to my seeing him, been entreating to have the whole tumour removed by the knife.

As I felt convinced that the operation, if successful, would be the means of prolonging his life, and as the emasculation of a being in his diseased condition, could be of no ulterior consequence, I resolved on performing it. For this purpose he was conveyed up to the hospital of the estate La Grande Princesse, also the property of the heirs of Count Schimmelmänn; this estate being much nearer to the place of my residence. During the first fortnight after his arrival at La Grande Princesse, he was directed to wash the diseased parts three times a day with soap and water, to take two or three doses of purgative medicine, and to use a mild vegetable diet.

Assisted by Dr. JACOB of this town, (Christianstæd,) I proceeded to perform the operation on the 8th of November, 1828. On examining attentively the neck of the tumour, we found that very little sound skin could be employed in forming the lips of the wound, which it would be necessary to make in a circular direction around the neck; that the whole tumour was somewhat warmer than usual, and of a reddish hue, as if it were in a state of incipient inflammation. As we were of opinion that these circumstances were not of such consequence as to render any procrastination necessary, we proceeded to perform the operation forthwith. The patient was placed on his back on a table, his legs drawn up as in lithotomy, but without hindering his wrists and ankles together. The tumour being turned up on his abdomen and chest, and held in that position, I commenced the operation by making an incision through the skin and part of the diseased subjacent cellular substance, in a circular direction, around a portion of the neck of the tumour, commencing at the perinæum. As I prolonged this external incision around the neck, I dissected out the diseased mass from under that part of the skin which was sound, and detached it from its firm adhesions to such parts of the unsound, as were required to form the lips of the wound. In this stage of the dissection, we found the bulb of the urethra so much displaced from its natural situation, and so imbedded in the disease, that we thought it best to continue the

external incision of the neck of the tumour, and prosecute the dissection from above downwards; although, by this mode, the bleeding prevented us from seeing so distinctly the parts to be divided. I now removed the diseased substance from the lower part of the abdomen, from the pubes, and spermatic cords. A broad tape was next passed around each of the cords, so as to prevent hæmorrhage from their vessels. The latter were secured by ligatures immediately after their division, and the tapes were then removed. The patient complained of slight colic pains during the application of the tapes, but was instantly relieved on the removal of the latter. The tumour was next detached from under the skin of each groin, and of about three inches of the upper, interior, and anterior surfaces of each thigh. On prosecuting the dissection further, we discovered the dorsum penis at least five inches beneath the anterior surface of the tumour. The penis was divided transversely, and close to the bulb of the urethra. The dissection was then rapidly concluded by the removal of such diseased substance as had not already been removed in the first stage of the operation.

During the whole of the operation the patient was extremely restless, and on this account his suffering was prolonged to three times the duration that would have been necessary, could he have been persuaded to remain tolerably quiet. It was unavoidably, however, a tedious dissection. Arteries of considerable size and number, sprung at every cut of the knife; and it was indispensably necessary to secure these, either by pressure with the finger, or by ligature, before we could proceed. Many arteries that appeared of considerable size from the first jet of blood which they threw out, contracted after a little pressure with the finger, and ceased to bleed. It was ultimately necessary, however, to secure eleven of them by ligatures. The veins of the tumour, as in almost all cases of elephantiasis, were very much enlarged, and in a varicose state. Two of them required ligatures during the dissection. The testes and penis were placed very nearly in the centre of the tumour. The spermatic cords, from the epididymis to the inguinal rings, were each eight inches in length, and much thickened. The testes were somewhat wasted away, and diminished from their natural size. The tunicae vaginales contained about four ounces of serum. Strong, ligamentous bands, connected the tumour with, and bound it to, the adjacent bones of the pelvis. The penis was much displaced, running out in a line at a right angle from the ascending ramus of the ischium and towards the centre of the tumour; and was much elongated and very slender; so that the

bulb of the urethra projected at least an inch and a half beyond the ischium.

The incision through the neck of the tumour presented, when the latter was entirely removed, a flat surface of a circular form, and nine inches in diameter. That the penis and testes were so much displaced, and that the spermatic cords were so much elongated, will be no matter of surprise, when I inform you that the tumour, some time after it had been removed, and after at least two pounds of bloody serum had oozed from it, weighed, (in the presence of several gentlemen,) thirty-eight pounds. This enormous mass, when cut into, presented throughout its whole bulk, the usual peculiar appearances observed in the skin and cellular tissue in all cases of elephantiasis.

At the conclusion of the operation, the patient was much exhausted; but this proceeded evidently more from pain, and the struggles which he had made, than from loss of blood. Of the latter, he did not lose more than eighteen or twenty ounces; a quantity too inconsiderable to have produced such an effect upon his robust frame. By administering to him a few drops of laudanum and some Madcira wine, his strength rallied, and enabled us to proceed with the dressing of the wound. A female catheter having been introduced into the bladder, the edges of the wound were brought very nearly together from either side, by approximating the thighs to each other, and were retained in that situation by five stitches of strong thread. The dressing was then completed by laying on some lint and a few pledges of soft linen; and by retaining these in their situation by means of a T-bandage, through which an aperture was made to allow the projecting part of the catheter to pass. The thighs being bound close to each other, the patient was put to bed. His pulse had now resumed its usual strength and frequency; and he expressed much satisfaction at his having got rid of such a load of disease.

The urine, during his recovery, was drawn off regularly three times a day, by means of the female catheter, which was kept in the bladder during the healing of the wound. No unpleasant symptom whatever occurring, the dressings were not removed until the fourth day. On examining the wound at this time, I found three small patches of the diseased skin sloughing off near the stitches over the pubes: the rest of the wound, (particularly that which was situated between the orifice of the urethra and the anus,) looked healthy. He had had slight feverish symptoms during the first and second day from the operation; but these had now entirely left him. He said

that he felt well, and in good spirits. I cut out the stitches in the vicinity of the sloughs, and directed that a warm bread poultice should be applied, and repeated four times a day to them; that the rest of the wound be dressed with lint; that his bowels be kept moderately open, by the use, occasionally, of small doses of Glauber's salt, and that he have a generous diet.

On the twenty-second day after the operation, all the ligatures had come away from the blood-vessels, the stitches had been removed, and the whole aspect of the wound was florid and healthy. By continuing nearly the same treatment, and by confining him constantly to the recumbent posture, the wound finally healed in its whole extent, in about eight weeks after the operation; forming a cicatrix running in a direct line from the upper part of the symphysis pubis towards the anus.

On the 26th of January, 1829, Moses returned to his work on the estate La Grange.

St. Croix, February, 1830.

ART. IV. *On Rhubarb in Hæmorrhoids.* By SAMUEL JACKSON, M. D. of Northumberland.

DR. RUSH was accustomed to observe in his lectures, that we needed no new medicines, and that improvements in the materia medica were rather to be expected from a more careful investigation of the virtues and doses of those we already possess, than from a further extension of the catalogue. Though we cannot accede to this proposition in its full extent, we are well assured that much is yet to be learned, concerning the latent virtues of many remedial agents; nor do we despair of living to see the time when calomel shall be made to exert all its various virtues without inflaming the mouth, and when tartar emetic shall annihilate fevers without the danger of nausea. Whoever, indeed, shall consider the many new and unexpected uses of these truly polychrest medicines, which have been brought to light within the last ten years, will not be unwilling to admit that something new may be hoped for in every potent article of the materia medica. Nor ought this to be considered as a barren field of inquiry, for this department of medicine has made but little progress since the days of CULLEN, as though the extreme medical scepticism of the great man had damped the ardour of all his successors.